

**NORTH CAROLINA CENTRAL UNIVERSITY
SCHOOL OF EDUCATION
GRADUATE DIVISION**

Request for Degree Checkout

Name: _____ ID#: _____
(as desired on Diploma)

Mailing Address: _____ Phone #: _____

City, State, Zip: _____

Date of Admission: _____

Transfer Credits: _____ University: _____
Hrs. Credit

_____ University: _____
Hrs. Credit

Transfer Transcript(s) on file in Graduate Office: _____
Yes/No

Total Hours Earned at North Carolina Central: _____

Major: _____

Degree Sought: _____ (MA, MAT, Med, MS, MSA)

Date Admitted to Candidacy: _____

Date Passed Comprehensive Exam: _____

Semester/Date Completed:

Statistics: _____

Educational Research: _____

Practicum: _____

Internship: _____

Thesis (if applicable): _____

OFFICE USE ONLY

Approved for Graduation: _____ Date: _____
Coordinator of Graduate Programs